

COLORADO WING, CIVIL AIR PATROL

MOUNTAIN FLIGHT CHECK

NAME _____ DATE _____

CAPSN _____ UNIT CHARTER NUMBER RMR-CO- _____

ORAL CHECK

* <input type="checkbox"/> 1. Completion of approved Mountain flying text or course.
<input type="checkbox"/> 2. Knowledge of mountain weather.
<input type="checkbox"/> 3. Knowledge of effect of density altitude on pilot & aircraft.
<input type="checkbox"/> 4. Knowledge of orographic effects on winds
<input type="checkbox"/> 5. Knowledge of route planning.
<input type="checkbox"/> 6. Knowledge of oxygen use regulations & use of oxygen
<input type="checkbox"/> 7. Knowledge of one way, high altitude & obstructed airport
<input type="checkbox"/> 8. Knowledge of survival equipment & techniques.

GROUND CHECK:

* <input type="checkbox"/> 1. Planning the route.
* <input type="checkbox"/> 2. Density altitude computations.
<input type="checkbox"/> 3. Aircraft loading.
* <input type="checkbox"/> 4. Weather briefing & analysis.
<input type="checkbox"/> 5. Oxygen equipment checkout.
* <input type="checkbox"/> 6. Preflight inspection (aircraft & pilot).

FLIGHT CHECK:

AIRPORT USED

1. Takeoffs:	
* <input type="checkbox"/> a) High altitude	Airport used: _____
* <input type="checkbox"/> b) One way, runway gradient	Airport used: _____
* <input type="checkbox"/> c) One way, terrain	Airport used: _____
<input type="checkbox"/> d) Obstructed departure	Airport used: _____
2. Landings:	
* <input type="checkbox"/> a) High altitude	Airport used: _____
* <input type="checkbox"/> b) One way, runway gradient	Airport used: _____
* <input type="checkbox"/> c) One way, terrain	Airport used: _____
<input type="checkbox"/> d) Obstructed approach	Airport used: _____
3. Ridge flying:	
* <input type="checkbox"/> a) Recognition & use of orographic lift.	
* <input type="checkbox"/> b) Recognition of areas of orographic up & down drafts.	
* <input type="checkbox"/> c) Proper ridge crossing techniques (angle/altitude).	
<input type="checkbox"/> d) Airspeed control	
* <input type="checkbox"/> e) Planning for emergencies (emergency "out" at all times).	

NOTE: ALL ASTERISKED (*) ITEMS MUST BE COMPLETED

FLIGHT CHECK (CONTINUED):

4. Canyon flying.
* <input type="checkbox"/> a) Recognition and use of orographic lift.
* <input type="checkbox"/> b) Recognition of areas of orographic down drafts.
* <input type="checkbox"/> c) Proper route selection.
* <input type="checkbox"/> d) Proper pre-entry surveillance.
<input type="checkbox"/> e) Airspeed control
* <input type="checkbox"/> f) Planning for emergencies (emergency "out" at all times)
* <input type="checkbox"/> g) Proper direction of travel.
5. Navigation
* <input type="checkbox"/> a) Use of nav aids (understands limitations of same).
<input type="checkbox"/> b) Use of sectional/WAC charts.
<input type="checkbox"/> c) Use of compass/DG.
<input type="checkbox"/> d) Understanding of magnetic variation and its limits.
* <input type="checkbox"/> e) Use of major terrain features to maintain orientation
6. Emergency Procedures
* <input type="checkbox"/> a) Deterioration weather.
<input type="checkbox"/> b) Loss of engine.
<input type="checkbox"/> c) Partial power loss.
<input type="checkbox"/> d) Inability to maintain altitude (downdraft).
<input type="checkbox"/> e) Inability to attain altitude (density altitude).
<input type="checkbox"/> f) Whiteout.
* <input type="checkbox"/> g) Simulated forced landing.

REMARKS:

Check pilot - list any restrictions or any areas requiring additional training. Also explain any areas not covered in checkout, and reason. If portions of check ride are waived due to pilot's experience, please describe that experience.

ENDORSEMENTS:

1. I CERTIFY THAT I HAVE RECEIVED THE TRAINING AND CHECKOUT DOCUMENTED ABOVE AND FEEL THAT I AM QUALIFIED AND CAPABLE OF PILOTING AN AIRCRAFT IN MOUNTAINOUS TERRAIN.

PILOT'S SIGNATURE:

DATE:

2. I CERTIFY THAT I HAVE GIVEN THE ABOVE PILOT A MOUNTAIN CHECK RIDE IN ACCORDANCE WITH CURRENT COLORADO WING DIRECTIVES AS DOCUMENTED ABOVE AND FIND HIM COMPETENT TO OPERATE AN AIRCRAFT IN MOUNTAINOUS TERRAIN.

CHECK PILOT'S SIGNATURE:

DATE:

3. I DO/DO NOT CONCUR WITH THE ABOVE EVALUATION.

REMARKS: _____

UNIT OPERATIONS OFFICER'S SIGNATURE:

DATE: